

Health Fitness Certificate for the purposes of permission to work in Confined Space

Named of Person examined

NRIC/Passport No. Date of Birth.....

Name and address of Employer:

.....
.....
.....

I hereby certify that I have examined the abovenamed person on

From the information related to health being declared by the person, my clinical examination and diagnostic tests recorded on medical examination form, I certify that this worker is

FIT

NOT FIT

for working in confined space.

Doctor's signature:

Date:

Name of OHD:

DOSH RN:

Name of clinic:

Tel and Fax no:
